

Residential: Psychological Testing

According to the Utah Medicaid Provider Manual (April 2015), 2-4: Psychological Testing, ***Psychological testing*** means a face-to-face evaluation to determine the existence, nature and extent of a mental illness or disorder using psychological tests appropriate to the client's needs, with interpretation and report.

Who:

1. licensed physician and surgeon, or osteopathic physician engaged in the practice of mental health therapy;
2. licensed psychologist qualified to engage in the practice of mental health therapy;
3. certified psychology resident qualifying to engage in the practice of mental health therapy under the supervision of a licensed psychologist;
4. psychology student enrolled in a predoctoral education/degree program exempted from licensure in accordance with state law, and under required supervision; or
5. an individual exempted from licensure in accordance with Title 58-61-307(2)(h) of the Utah Code who was employed as a psychologist by a state, county or municipal agency or other political subdivision of the state prior to July 1, 1981, and who subsequently has maintained employment as a psychologist in the same state, county, or municipal agency or other political subdivision while engaged in the performance of his official duties for that agency or political subdivision.

Limits:

There are coverage and reimbursement limitations on neurobehavioral status exams, procedure code 96116, and neuropsychological testing, procedure code 96118. These services require manual review. Refer to Chapter 2-1, General Limitations, #3, regarding the procedure for accessing information on Utah Medicaid coverage and reimbursement limitations and procedures related to manual review.

Record:

Documentation must include:

1. date(s), start and stop time, and duration of testing;
2. setting in which the testing was rendered;
3. specific service rendered (i.e., psychological testing);
4. written test reports which include:
 - a. brief history;
 - b. tests administered;
 - c. test scores;
 - d. evaluation of test results;
 - e. current functioning of the individual;
 - f. diagnoses;
 - g. prognosis; and
 - h. specific treatment recommendations for behavioral health services if applicable, and other recommended services as appropriate; and
5. signature and licensure or credentials of the individual who rendered the service.